DOCUMENT RESUME

ED 167 908 CG 013 312

TITLE Teacher Activity Package; Drug Information. Grade: 2-6.
INSTITUTION Cooperative Educational Service Agency 8, Appleton, Wis.
PUB DATE Oct 77
NOTE 73p.; For related documents see CG 011 307-311

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Decision Making Skills; *Drug Abuse; *Drug Education; Elementary Education; Elementary School Students; *Student Attitudes
IDENTIFIERS National Diffusion Network Programs

ABSTRACT

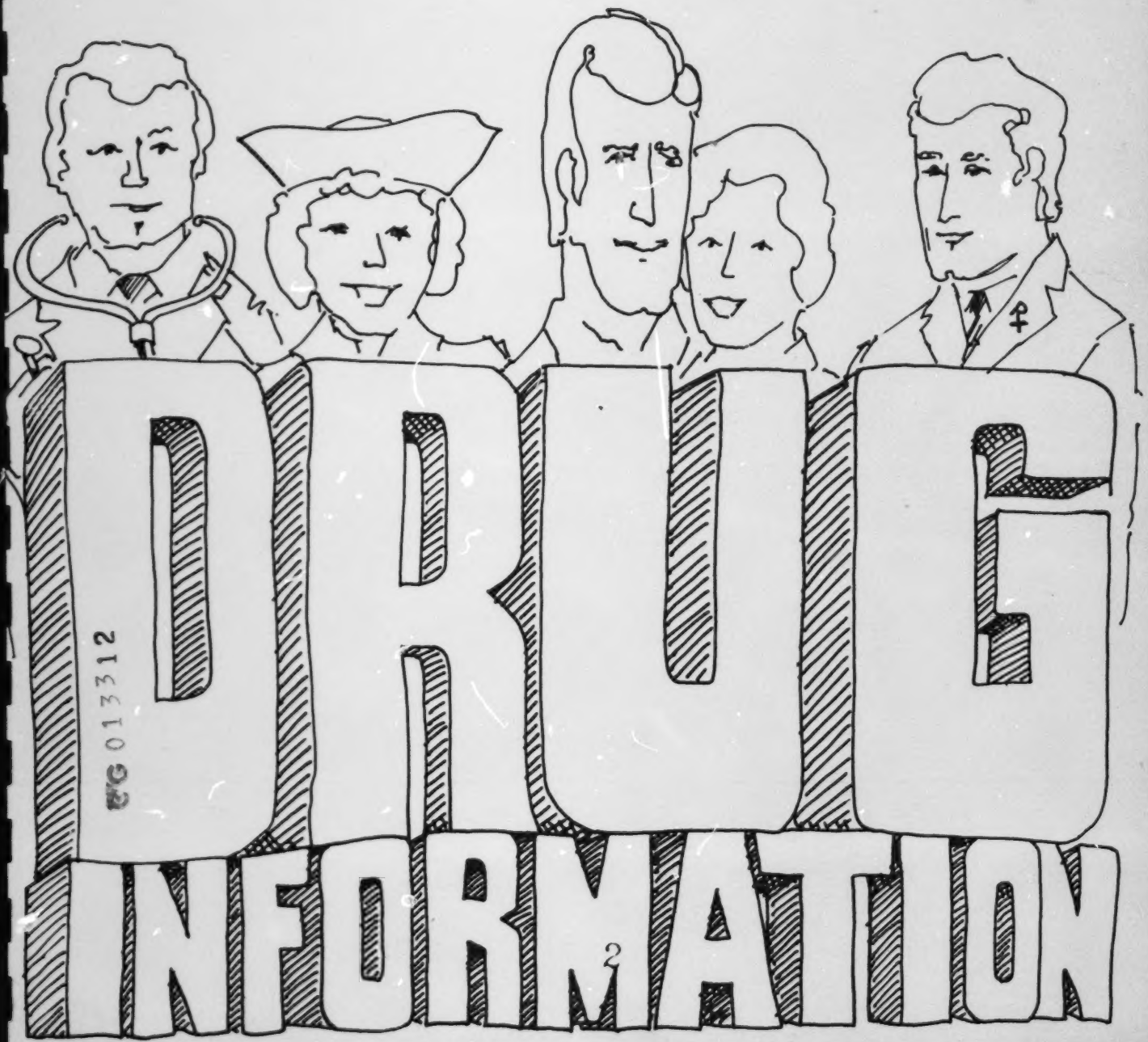
This drug information package contains factual materials for the teacher to use with primary and intermediate students. But the total program emphasizes using the factual materials in conjunction with having students learn more about themselves, their values, and how to make decisions. The activities are geared toward several essential areas of drug prevention education: making the child understand what constitutes a drug and how drug abuse is defined; classifying household medicines; and understanding the different effects of major drugs. Charts on different drugs, their uses and effects, are provided for the teacher. Several activities are designed to help the student understand the influence that advertising and the media have on public drug consumption. The overall design of the activities, however, is to promote the proper use of drugs by the students, and to help them consider for themselves the propriety of using or abusing drugs. (PK)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED167908

TEACHER ACTIVITY PACKAGE

me me GRADES 2–6



EG 013312

TABLE OF CONTENTS

	Page
INTRODUCTION TO TEACHERS DRUG INFORMATION PACKAGE	1
GENERAL DRUG INFORMATION	2
MAJOR DRUGS: THEIR USES AND EFFECTS	9
DEPRESSANTS	10
STIMULANTS	12
PSYCHEDELICS	14
DRUG TERMS DEFINED	16
GRADE 2	
THINGS SAFE AND UNSAFE TO EAT	18
SAFE AND UNSAFE ITEMS	19
PROTECTING YOUNGER BROTHER AND/OR SISTER	20
ASK BEFORE EATING	22
POISON SIGNS	24
ASK A QUALIFIED ADULT	26
VOTING QUESTIONS	27
HOME SAFETY CHECK LIST	28
VOCABULARY LESSON	29
IN CASE OF EMERGENCY	30
GRADES 2 - 3	
FILM - DRUGS: A PRIMARY FILM	31
DRUGS: OK OR NOT OK?	32
GRADE 3	
RANK ORDER	34
DOCTORS ARE OUR FRIENDS	35
LEARNING ABOUT THE PHARMACIST	36
PRETENDING TO BE SICK	37

GRADE 4

	Page
DRUG TERMS DEFINED	38
FIRST AID MEASURES	38
LEARNING ABOUT MEDICINES	40
Aspirin	41
Bufferin	41
Excedrin	41
Anacin	41
Ex-Lax	41
Milk of Magnesia	42
Pepto Bismol	42
Vitamin Tablets	42
Insulin	42
Penicillin	42
Nosedrops	43
Cough Medicine (With or without Codeine)	43
Cold Capsules	43
Decongestants	44
Throat Lozenges	44
Cough Drops	44
Nytol	44
Sleeping Pills	44
Tranquilizers	45
Diet Pills	45
DRUG USE AND ABUSE	46
MEDIA'S ADVERTISING OF DRUGS	47
DEMONSTRATING ADVERTISERS' CLAIMS	48

GRADES 4 - 6

Page

DRUGS: OK OR NOT OK? 49

GRADE 5

CLASSIFYING DRUGS 51

RESEARCH FINDINGS ON DRUGS 53

GRADE 6

PROMOTIONAL TECHNIQUES USED BY ADVERTISERS 54

STIMULANTS, PSYCHEDELICS, AND DEPRESSANTS 56

"WHO SHOULD I ASK?" 57

BRAINSTORMING 60

CIGARETTE SMOKING 61

PROBLEMS ACCOMPANYING ALCOHOLISM 62

BIBLIOGRAPHY 63

DRUG PREVENTION EDUCATION

Cooperative Educational Service Agency Number Eight
107 North Douglas Street
Appleton, Wisconsin 54911

INTRODUCTION TO TEACHERS

DRUG INFORMATION PACKAGE (DIP)

The Drug Information Package (DIP) contains drug factual materials for you to use with primary and intermediate grade level students. Suggested grade levels have been assigned to each activity in order to avoid duplication of the information at various grade levels. The activities are arranged in sequential order.

These exercises are not intended as the absolute means of teaching drug education. Blended with your creativity and spontaneity, they may well stimulate interesting, as well as educational classroom sessions.

REVISION October, 1977

GENERAL DRUG INFORMATION

The approach used in this program to the subject of drugs is prevention. This is a very small part of our program. It must be remembered that common to drug abusers are low feelings of self worth and inability to solve personal problems. Some researchers have found that students who are taught extensive factual information about drugs will use more illicit drugs than students not taught all these facts. There is a naive assumption that if you give students all the information about drugs and their effects, it will convince them not to use drugs. This is an erroneous assumption. Cigarette smoking has increased over the years even though it has been linked to lung cancer. Our program does not stress only factual information. Our program teaches factual information in conjunction with students learning about themselves, their values and how to make decisions.

Teachers do not need to know extensive information about drugs to use the program. The general information found in this package is probably more than teachers will need. In the early grades, we talk about safety and poisons. In third and fourth grades, we talk about medicines. In fifth and sixth grades, we talk about those drugs the students mention.

What is a drug? A <u>drug</u> is any substance which affects an individual in such a way as to alter his physical, mental, emotional or social condition. Any drug can become a poison if used in the wrong quantity or the wrong manner. Some drugs given to us when we do not feel good may have side effects that are not good. For

example, antihistamines make you feel more comfortable with your cold symptoms but they also have the side effect of causing drowsiness.

Drug Abuse is defined as the use of a chemical substance, licit or illicit, resulting in an individual's physical, mental, emotional or social impairment. Drug abuse is the using of drugs in some other way than intended by your doctor for treating your illness. Using drugs for their thrill ability is a form of drug abuse.

Drug Prevention Education is a constructive process designed to promote personal and social growth of the individual toward full human potential and thereby inhibit or reduce physical, mental, emotional or social impairment which results in or from the abuse of chemical substances.

Drugs with medical purposes are carefully controlled by the Federal Government. Medical drugs are either prescription or nonprescription. Nonprescription drugs are drugs which can be obtained without a prescription from the doctor. (Examples are aspirin, laxatives and insulin.) Prescription drugs can only be obtained legally with a prescription from a doctor and filled by a pharmacist. (Examples are barbiturates, tranquilizers and amphetamines.) However, many prescription drugs find their way into the illegal market. Their sale and purchase without a prescription is illegal and their use in this manner is illegal. Drugs such as marijuana, LSD and heroin are considered illicit because there are no medical uses for them. It is illegal to sell these drugs. There are also substances which are not controlled by the government, but are considered harm-

ful if not used for their intended purpose. (Examples are inhalants, such as; glue, paint thinner, and lighter fluid.) Alcohol is a drug and there are restrictions placed upon its sale. Caffeine and nicotine are not legally considered drugs. However, their long term effects are harmful. Even though some of the substances mentioned do not have restrictions on their sales and are not considered dangerous or illegal when used correctly, they do have the potential of being a health hazard and therefore we consider them drugs.

Drugs can be divided into three categories: Depressants, Stimulants, and Hallucinogens. Depressants or "downers" produce psychological and physical dependency and tolerance develops. Psychological dependency is when an individual feels a strong need to continue using a drug. He thinks he needs the drug but he really does not. All drugs have the potential for producing a psychological dependency. Physical dependency is when the body cannot live without the drug. The body needs the drug to function normally. To stop using the drug requires going through withdrawal. Withdrawal occurs because the continuous administration of a drug has produced certain changes in the body's cells. The body now needs the drug to function normally. The process of withdrawal allows the cells to return to their pre-drugged state. Tolerance means a higher dosage of the drug is needed to attain the same effects. The body's cells become accustomed to a certain level of the drug and no longer responds to that dose level. Depressants are drugs which slow down the activity of the central nervous system, causing a lowering of blood pressure and slowing of pulse and/or breathing. Depressants include barbiturates,

tranquilizers, alcohol, and narcotics.

Barbiturates are the most common of the depressants. They are synthetic drugs that act to depress the central nervous system inducing sleep and reducing anxiety and tension. They have legitimate medical uses (inducing sleep, reducing tension, treating high blood pressure and peptic ulcers). If the drug is misused, a strong psychological and physical dependency develops as well as tolerance. Withdrawal is more severe than for heroin. Mixing alcohol and barbiturates can be fatal. Combining barbiturates with other depressants (such as narcotics or tranquilizers) can result in the same danger as when barbiturates and alcohol are combined.

Tranquilizers are synthetic drugs that calm, relax and diminish anxiety. They also relax muscles and may cause drowsiness. Common prescribed ones are Miltown, Valium, and Librium. Physical and psychological dependency can develop when misused and a tolerance develops. Some medically prescribed uses are for insomnia, tension, and epileptic seizures.

All narcotics are depressants. A narcotic is a drug that relieves pain and induces sleep. The narcotic drugs (also called opiates) include opium and morphine, derived from the opium poppy seed pod; heroin, obtained by chemically altering morphine; and various synthetic drugs of similar characteristics such as methadone.

Morphine is medically prescribed to relieve pain. There are no medical uses for heroin. Both are administered through injection.

Although natural and synthetic narcotic drugs are important to medicine, tolerance as well as psychological and physical dependency can develop from their use. Withdrawal from these drugs can be a severe process. Fear of withdrawal is often a primary reason why a person continues using heroin.

Methadone is used as a substitute for heroin in the treatment of opiate dependency.

Alcohol, a depressant, can cause psychological and physical dependency when abused as well as tolerance.

Stimulants are drugs which increase the activity of the central nervous system. Mild ones include caffeine (coffee or tea) and nicotine (cigarettes). Cocaine is a natural stimulant. It has a limited medical use as a local anesthetic for eye and nose surgery. When used illegally, it is usually sniffed.

Amphetamines are synthetic stimulants. They make one feel alert and mask feelings of tiredness. Amphetamines are medically prescribed to treat depression, to control hyperactivity in children, to treat narcolepsy (uncontrollable need to sleep), and for obesity. The Government is trying to ban the use of amphetamines for weight control.

Those who take stimulants for kicks usually inject them. This gives the user a surge of alertness and energy. Stimulants do not usually lead to physical dependency. Chronic low dose use may lead to psychological dependency. When an individual takes high doses of stimulants, he may develop a tolerance. However, such a tolerance usually develops very slowly and only at high doses.

Hallucinogens (psychedelics) are drugs capable of producing changes of sensations and thinking, causing hallucinations. The effects vary from individual to individual and from one use to the next. LSD. peyote, and mescaline are classified as hallucinogens. LSD (acid) is one of the most potent drugs known. It is probably the most widely known hallucinogen. LSD is a tasteless, odorless, colorless liquid. It can be injected or taken in tablet or capsule form. Its legal use is limited to medical research. Psychological dependency can develop from its use. Tolerance can develop if the same dose is taken daily. It causes changes in perceptions and thought. Strange behavior or hallucinations may occur after using it. After-flashes may occur. This is when a hallucination reappears at a later time, after the effects of the drug have worn off. When a flashback occurs, one never knows whether a particular flashback will be a good or bad experience.

Marijuana comes from the plant Cannabis sativa. Pharmacologically it is usually classified as a mild hallucinogen but in reality, it is really in a category of its own. It is reported to have sedative or hypnotic qualities. Its strength is determined by where it is grown and the potency of the parent plant. Often the potency of the drug depends on the amount of tetrahydrocannabinol (THC) in the resin. As with any drug purchased illegally, the buyer has no guarantee as to its actual strength. The effects of the drug vary from individual to individual. Often the effects are determined by the psychological and personality differences among individuals and by the user's relationship to others in

the room who might be experiencing the same sensations. The drug can make a person feel happy or dreamy, reduce his inhibitions, and distort time and energy. If a person has a personal problem to solve, smoking marijuana may seem to ease the problem and make a person feel more comfortable. However, when the effects of the drug wear off, the person's problems are still there. Some people use the drug to escape normal life stresses. There is no evidence that marijuana usage produces physical dependency, nor is there any substantial evidence that it will lead the user to take stronger drugs. As with almost all drugs, one can develop a psychological dependency to marijuana. The long term effects of marijuana have not yet been determined.

In discussing the three categories of drugs, we have tried to mention both good and bad effects of drugs. Drugs properly used are good and oftentimes, life saving. In addition, they relieve pain and suffering and help control disease. However, when abused, self-administered or dispensed indiscriminately, they are harmful. Oftentimes, when misusing drugs, the immediate effects are pleasurable but the after-effects and long term effects could be harmful. The effects are not the same for everyone.

It is important that teachers present both sides of the drug picture. For example, medicines are helpful in curing an illness but when used excessively or when a person is not sick, could cause damage. Marijuana may produce a pleasurable sensation but it can also cause a person to escape from the problems of life.

Students have to understand the possible consequences of using drugs in a manner different than prescribed by a doctor. However, the final decision to abuse a drug is up to the student.

MAJOR DRUGS: THEIR USES AND EFFECTS

The facts and determinations presented here are based on expert observation of real-life drug use by human beings in nonlaboratory settings. Drug types are listed alphabetically. Drug effects vary widely, depending on the quantity consumed, its purity, the presence of other drugs in the user's system and--most important--his personality and the setting in which he takes the drug. Data provided by Dr. Joel Fort.

RESTRICTIONS AND PENALTIES: Although alcohol, caffeine and nicotine are not legally considered drugs, some restrictions apply. Sale of alcohol is banned in scattered localities; Federal laws restrict the advertisement of cigarettes, distilled spirits and the manufacture of alcoholic beverages; state and local restrictions govern the sale of alcohol and nicotine products to minors. Possession and sale of inhalants are generally unrestricted, although amyl nitrite and nitrous oxide require prescriptions. Possession of barbiturates, tranquilizers, amphetamines, antidepressants and some narcotics are legal only if prescribed. Among narcotics, there is no lawful use of opium or heroin, although opium powder is a component of certain prescription drugs. All hallucinogens, except nutmeg, are similarly illegal, as are cocaine and all Cannabis drugs. Maximum federal penalties for possession of illegal drugs is; first offense--one year in prison and $5,000 fine; subsequent offenses--two years and $10,000. Much harsher penalties apply to the sale of drugs. However, most drug convictions are made under state laws, which vary widely and arbitrarily, and are often stricter than the federal law. Charts on depressants, psychedelics and stimulants are on the following pages.

DEPRESSANTS — MAJOR DRUGS

DRUG TYPE	NAME	HOW TAKEN	SHORT-TERM EFFECTS OF AVERAGE AMOUNT		SHORT-TERM EFFECTS OF LARGE AMOUNT
			DESCRIPTION	DURATION	
ALCOHOL	Beer Distilled spirits Wine	Swallowed	Relaxation, breakdown of inhibitions, euphoria, depression, decreased alertness	2-4 hours	Stupor, nausea, unconsciousness, hangover, death
BARBITURATES	Chloral hydrate Doriden Nembutal Phenobarbital Seconal	Swallowed	Relaxation, euphoria decreased alertness, drowsiness, impaired coordination, sleep	4-8 hours	Slurred speech, stupor, hangover, death
INAHLANTS	Airplane glue Aerosols (Freon) Amyl nitrite Nitrous oxide	Inhaled	Relaxation euphoria, impaired coordination	1-3 hours	Stupor, death
NARCOTICS	Codeine Demerol Heroin Methadone Morphine Opium Percodan	Swallowed Injected Sniffed/Injected Swallowed/Injected Injected Inhaled/Swallowed Swallowed	Relaxation, relief of pain and anxiety, decreased alertness, euphoria, hallucinations	4 hours	Stupor, death
TRANQUILIZERS	Librium Miltown/Equanil Thorazine	Swallowed	Relief of anxiety and tension, suppression of hallucinations and aggression, sleep	12-24 hours	Drowsiness, blurred vision, dizziness, slurred speech, allergic reaction, stupor

THEIR USES AND EFFECTS

RISK OF DEPENDENCE			LONG-TERM EFFECTS	MEDICAL USES
PSYCHOLOGICAL	PHYSICAL	TOLERANCE		
Yes	Yes	Yes	Obesity, impotence, psychosis, ulcers, malnutrition, liver and brain damage, delirium tremens, death	None
Yes	Yes	Yes	Excessive sleepiness, confusion, irritability, severe withdrawal sickness	For insomnia, tension and epileptic seizures
Yes	No	Possibly	Hallucinations, liver kidney, bone-marrow and brain damage, death	None None Dilation of blood vessels Light anesthetic
Yes	Yes	Yes	Lethargy, constipation, weight loss, temporary sterility and impotence, withdrawal sickness	For cough, Painkiller, None in U.S. Withdrawal from heroin, Painkiller, for diarrhea, Painkiller
Yes	Yes	Yes	Destruction of blood cells, jaundice, coma, death	For tension, anxiety, psychosis; alcoholism

STIMULANTS — MAJOR DRUGS:

DRUG TYPE	NAME	HOW TAKEN	SHORT-TERM EFFECTS OF AVERAGE AMOUNT		SHORT-TERM EFFECTS OF LARGE AMOUNT
			DESCRIPTION	DURATION	
AMPHETAMINES	Benzedrine Dexedrine Methedrine Preludin	Swallowed/injected	Increased alertness, excitation, euphoria, decreased appetite	4-8 hours	Restlessness, rapid speech, irritability, insomnia, stomach disorders, convulsions
ANTIDEPRESSANTS	Elavil Ritalin Tofranil	Swallowed/injected	Relief of anxiety and depression, temporary impotence	12-24 hours	Nausea, hypertension, weight loss, insomnia
CAFFEINE	Coffee Cola No-Doz Tea	Swallowed	Increased alertness	2-4 hours	Restlessness, insomnia, upset stomach
COCAINE		Sniffed/injected	Feeling of self-confidence and power, intense exhilaration	4 hours	Irritability, depression, psychosis
NICOTINE	Cigarettes Cigars Pipe (tobacco) Snuff	Inhaled Inhaled Inhaled Sniffed	Relaxation, Constriction of blood vessels	½-2 hours	Headache, loss of appetite, nausea

THEIR USES AND EFFECTS

RISK OF DEPENDENCY			LONG-TERM EFFECTS	MEDICAL USES
PSYCHOLOGICAL	PHYSICAL	TOLERANCE		
Yes	No	Possibly	Insomnia, excitability, skin disorders, malnutrition, delusions, hallucinations, psychosis	For obesity, depression, excessive fatigue narcolepsy, children's behavior disorders
Yes	No	No Yes No	Stupor, coma, convulsions, congestive heart failure, damage to liver and white blood cells, death	For anxiety or oversedation, children's behavior disorders
Yes	No	Possibly	Restlessness, irritability, insomnia, stomach disorders	For oversedation and headache
Yes	No	Possibly	Damage to nasal septum and blood vessels, psychosis	Local anesthetic
Yes	No	Possibly	Impaired breathing, heart and lung disease, cancer, death	None (used as insecticide)

PSYCHEDELICS

MAJOR DRUGS:

DRUG TYPE	NAME	HOW TAKEN	SHORT-TERM EFFECTS OF AVERAGE AMOUNT		SHORT-TERM EFFECTS OF LARGE AMOUNT
			DESCRIPTION	DURATION	
CANNABIS	Hashish	Inhaled/swallowed	Relaxation, breakdown of inhibitions, alteration of perceptions, euphoria, increased appetite	2-4 hours	Panic, stupor
	Marijuana	Inhaled/swallowed			
	THC	Swallowed/ Injected			
HALLUCINOGENS	DMT	Inhaled	Perceptual changes--especially visual, increased energy, hallucinations, panic	½ hour	Anxiety, hallucinations, psychosis, exhaustion, tremors, vomiting, panic
	LSD	Swallowed/ injected		10-12 hours	
	Mescaline	Swallowed		12-14 hours	
	Nutmeg	Swallowed/ sniffed		Varies	
	Psilocybin	Swallowed		6-8 hours	
	Scopolamine	Swallowed		Varies	
	STP	Swallowed		12-14 hours	

THEIR USES AND EFFECTS

RISK OF DEPENDENCE			LONG-TERM EFFECTS	MEDICAL USES
PSYCHOLOGICAL	PHYSICAL	TOLERANCE		
Yes	No	No	Fatigue, psychosis	Headache, for tension, depression, poor appetite
Yes	No	Yes	Increased delusions and panic, psychosis	(LSD and psilocybin have tested for treatment of alcoholism, drug addiction, mental illness and migraine)

Revised October, 1977

DRUG TERMS DEFINED

ADDICTION - occurs when a person develops a physical dependence on a drug and can no longer function normally without the repeated use of it. If the drug is withdrawn, the person experiences severe physical and psychic disturbances.

DEPRESSANTS - are sedatives belonging to a large family of drugs manufactured for medical purposes in order to relax the central nervous system. The best known of these are barbiturates, which are a sedative and a hypnotic, used to sedate or induce sleep by their powerful depressant or calming action on the central nervous system. Tranquilizers, also considered a depressant or part of the sedative group, are designed to counteract anxiety and agitation, to control psychotic behavior, and to energize seriously depressed persons.

DRUGS - are any substances which by its chemical nature changes the way a living organism functions or feels.

DRUG ABUSE - is the taking of a drug for other than medical purposes and/or other than as directed or prescribed.

DRUG USE - is the taking of a drug for medical purposes and as directed or prescribed.

HALLUCINOGENS - are a group of drugs capable of provoking changes of sensation, thinking, self-awareness, and emotion. Alterations of time and space perception, illusions, hallucinations, and delusions may occur over a wide range of intensity, depending on the dose, potency, psychological setting and environment. Included in this group are lysergic acid diethylamide (LSD), dimethyltriptamine, mescaline, psilocybin, and cannabis (all of which are plant origin); ditran, sernyl, diethyltriptamine, and "STP" (all of which are representatives of the synthetic hallucinogens).

HARMFUL SUBSTANCES - are substances that are not legally considered drugs but if used in excess or incorrectly, could become abusive and in some instances even kill us. Some harmful substances include caffeine, nicotine, and volatile substances.

NARCOTICS - are a class of drugs which induce sleep or stupor, and relieve pain. This classification includes opium and its derivatives such as morphine, heroin, paregoric, and codeine.

PHYSICAL DEPENDENCY - develops when the body becomes accustomed to a particular drug and the person cannot live without it. The body requires repeated doses to function normally. Withdrawal reactions occur if drug is discontinued.

PSYCHOLOGICAL DEPENDENCY - develops when an individual feels a strong need to take a chemical substance periodically or continuously. All drugs produce a certain amount of psychological dependency.

Drug Terms (Continued):

STIMULANTS - are substances which act on the central nervous system, elevating mood, preventing fatigue, and leading to short-term improvement in performance. This classification includes caffeine, which is the most widely used and known stimulant, and is found in coffee, tea, cola, and other beverages; amphetamines, which are synthetic stimulants, and are misused frequently; dextroamphetamine, methamphetamine (commonly called "speed"); and cocaine, which is a stimulant manufactured from the leaves of the coca bush.

TOLERANCE - is when the body cells become accustomed to a certain level of a drug and no longer respond to a lesser level.

WITHDRAWAL - occurs because the continuous administration of a drug has produced certain changes in the cells in the body. The body now needs the drug to function in an accustomed way. Discontinuation of the drug allows the cells in the body to return to their pre-drugged state and reduces the level of tolerance.

THINGS SAFE AND UNSAFE TO EAT

GRADE 2

Purpose:

To assist children in learning to discriminate between average household materials which may or may not be harmful.

Procedure:

Display certain objects and have children indicate or place object in area designated as:

Items safe for me to eat
Items not safe for me to eat
Items safe to eat only when given to me by a qualified adult

shoe polish	soap	nail polish remover
Bufferin	baby aspirin	paint
Anacin	laxative	apples
floor wax	sprays	potatoes
kerosene	detergents	cereals
Drano	cans of soft drink	glue
carrots	poison	moth balls
nail polish	soda pop	furniture polish
turpentine	soap powder	silver polish
cough medicine		

Teacher should discuss usefulness of these items--to illustrate that items which are not safe to eat have a useful purpose when used correctly--the same with medicines--(which are unsafe when not administered correctly).*

*Words can be added to the list.

SAFE AND UNSAFE ITEMS

GRADE 2

Purpose:

To make students aware that unsafe things should be locked up and kept out of reach of babies.

Procedure:

Have the children look at magazines and then pick and cut out those items which are safe and unsafe. Then have them move the unsafe items into a locked cabinet or desk pretending to hide dangerous items from babies. Discussion follows to be sure all the unsafe items are locked away.

Define "Unsafe" as any items which are poisonous or harmful if taken in the wrong way or just bad to take. Some examples: soap, glue, aspirin, pills (medicine), emphasizing that they are safe when used correctly.

PROTECTING YOUNGER BROTHER AND/OR SISTER

GRADE 2

Purpose:

To instill in children their responsibility in helping to protect younger brothers and sisters from eating, drinking or playing with unsafe items.

Procedure:

Teacher should ask class how many have little brothers and/or sisters. Of those that don't, how many have little cousins or neighbors? "Do you ever help take care of him or her?"

By illustrating with a doll (pretending that the doll is their baby brother or sister), have the class give the doll a name and make its age about two years. Talk about babies; how they are curious at this age, how babies crawl around exploring and opening drawers and closets, and how babies very often taste things.

Ask class, "What kinds of things does a baby like to taste?" (candy, cake, milk, cereal, cookies). While some of these foods are sweets and not necessarily that good for a baby to eat, they are safe to eat. Have pictures of various nutritious foods as well as sweets (and other junk foods).

Discuss various kinds of foods a baby and grownups should eat to give them nourishment.

Sometimes your baby brother, sister, cousin, or neighbor will put things into her mouth that are not safe or good for her to eat.

Show pictures from magazines of various objects and ask class to say which are safe for a baby to eat. Which ones could make her sick. Why?

Ask, "Do you think baby knows which of the objects (items) are not safe and could possibly make her sick? Why not? How can you help?"

Protecting Younger Brother and/or Sisters (Continued):

The important point here is for teachers to get children to say that baby is too young or too little to know what items are safe for her to put into her mouth. This is why she will need them to help her and protect her from hurting herself.

"How can you and your mother and father keep baby from being harmed by such items?"

Baby will touch and possibly eat unsafe things unless they are left some place out of her reach.

Teacher should get some suggestions as to where they could be kept.

Ask a student to crawl around and stretch as far as he can to illustrate how baby can get things off of dressers, desks, cupboards, etc. If it is possible, lock a desk or drawer so the class can see that baby cannot get into a locked drawer, closet, or desk.

ASK BEFORE EATING

GRADE 2

A. Purpose:

To teach children that all products are potentially dangerous if not used correctly.

Procedure:

Teachers must stress the importance of never eating, drinking or putting anything into their mouths without first checking with an authorized adult. Medicines can be very dangerous to us if not used correctly. This is why medicines have labels attached to them, which give directions for their use. These labels should be read carefully before taking any medicine. Medicine should only be taken as directed. Some medicines have a skull and crossbones or a picture of Mr. Yuk on the label. What does this indicate to you? This is why it is important for children to never put anything into their mouths without first checking with an authorized adult. NEVER TAKE ANYTHING FROM STRANGERS.

Role play a situation where a child is offered some candy (or what appears to be candy) by a stranger. What should he/she do? Discuss.

B. Purpose:

To teach children that medicines are not food or drink and should never be used as such. Medicines are powerful and dangerous and if you take them in excess, you may get very sick.

Discussion:

Medicine that makes sick people well can also make well people sick. Explain how this is possible.

The teacher should point out that the people who make medicines sometimes add flavors to medicines so they do not taste as bad to us. Some tablets and capsules are made attractive with eye catching colors that often look like candy. That is why it is important for you not to eat anything or put anything into your mouth before checking with a qualified adult first.

Ask Before Eating (Continued):

Children should be alerted to the dangers of accepting anything including medicines from anyone but a qualified adult. Children should never eat or drink anything until they are certain it is safe for them to eat or drink.

The teacher may wish to invite a nurse in to talk to the class about her role as one person who is qualified to administer medicine to children. Maybe one of the children's mothers is a nurse and would be willing to visit the class. Have the class prepare questions ahead of time that they would like to ask the nurse when she visits the class. Some areas that might be considered are: her training, her work, and how she contributes to the welfare of the public.

POISON SIGNS

GRADE 2

Purpose:

To familiarize children with the poison signs (skull and crossbones; and Mr. Yuk).

Procedure:

(1) The teacher should illustrate the skull and crossbones poison sign to the children and then have them draw it. Teachers might want to relate the poison sign to a red light or a railroad crossing light. It is important to point out that although household products of a potential poisonous value are harmful when eaten, drunk, or played with, they are useful when used properly and are necessary for keeping our homes clean and nice. Discuss the uses of such products. Discuss the dangers and the precautions which must be taken when using such products; i.e., cleaning solvents, pesticides, weed killer, nail polish remover, paints, kerosene, sprays, etc. Discuss the fact that some substances, while not poisonous, could make us sick if eaten; i.e., soap, etc. Here is an example of the skull and crossbones poison sign.

Poison Signs (Continued):

Procedure:

(2) Mr. Yuk is a warning symbol which can be affixed to containers of dangerous products in homes and schools or anywhere they are found. Carrying a green, scowling face with protruding tongue, the circular sticker is haloed by the emergency telephone number of the area's poison center. Sheets of 10 regular size and two large size Mr. Yuk stickers are available from these centers free of charge. A one-dollar donation to defray expenses is requested for additional stickers beyond that amount. If a regional poison center serves the area, the teacher can write for "Mr. Yuk" stickers.

The Mr. Yuk symbol was developed in 1971 by the Pittsburgh Poison Center, when research indicated that the old skull and crossbones used in the past to identify poisons had little meaning for children of today. The old symbol had been used in recent years in motion picture cartoons, commercial products, and amusement parks to connote happy, exciting things like pirates, adventure, and Halloween. Here is an example of the Mr. Yuk symbol used by the Green Bay Poison Center, P. O. Box 1221, Green Bay, Wisconsin, 54305.

ASK A QUALIFIED ADULT

GRADE 2

Purpose:

To show students how some things are safe to put into their mouths while others may be harmful. Since we cannot always know, WE MUST ASK A QUALIFIED ADULT WHETHER SOMETHING IS SAFE TO EAT OR DRINK.

Discuss:

Who would be a qualified adult?*

Mother?	(yes)
Father	(yes)
Teacher	(no, unless acting under authorization from parents)
Nurse?	(yes)
Neighbor?	(only when acting with permission of and in place of parents)
Doctor?	(yes)
Stranger?	(no)
Sister (younger)?	(no)
Brother (younger)?	(no)
Sister/Brother(older)?	(only when acting with permission of and in place of parents)
Grandmother?	(only when acting with permission of and in place of parents)
Grandfather?	(only when acting with permission of and in place of parents

*Words can be added to the list.

VOTING QUESTIONS

GRADE 2

Purpose:

To teach children that medicines should be stored in a safe place.

Procedure:

How to use Voting Questions is explained in TAP-Values.

Voting Questions:

How many of you have a medicine cabinet in your home?

How many of you have one in the bathroom?

How many of you think that your medicine cabinet is out of reach of your little brother or sister?

How many of you have locks on the door of your medicine cabinet?

Discuss safe and unsafe places to store medicines.

After doing Voting Questions, the teacher should pass out a drawing or duplicate drawings of opened medicine cabinets with shelves (leave a lot of room). Have sheets from magazines showing medicines and other possible contents of medicine cabinets and have children cut out and place unsafe objects inside locked medicine cabinets.

It is important to emphasize that unsafe objects should be placed elsewhere if the medicine cabinet is not locked or if it can't be locked. Children should never take anything out of the medicine cabinet by themselves. Have children take home finished drawing to show parents what they have done. Have students give parents the Home Safety Check List to fill out, and have them return it to you. (See page 28.)

SURVEY SHEET

HOME SAFETY CHECK LIST

(For distribution to parents)

Dear _____:
(Name of teacher)

I took this check list home and helped my family check all of the places where potentially poisonous products might be found. We talked about safer places and ways to keep things which might be poisonous. I promised always to ask before tasting anything I found around the house. I'm going to try to protect other children who live in my home or come to visit us, too, so they will be safe from poisoning.

Here are the places my family looked to see if potentially poisonous products were stored safely, out of reach of little children.

- Bathroom ☐
- Bedrooms ☐
- Kitchen ☐
- Living Room ☐
- Closets ☐
- Dining Area ☐
- Basement ☐
- Garage ☐
- Attic ☐
- Yard ☐
- Workshop ☐
- Utility Room ☐
- Special Stor. Places ☐
- Porch & Under Porch ☐
- Other ☐

My family looked especially for these things:

- Kerosene and gasoline ☐
- Aspirin & sleeping pills ☐
- Lye & bleaches ☐
- Soaps & detergents ☐
- Polishes & cleaning powder ☐
- Ant & rat poison ☐
- Paint remover & turpentine ☐
- All kinds of sprays ☐
- Disinfectants & deodorants ☐
- Fertilizers & weed killers ☐
- Toilet bowl & drain cleaners ☐
- Moth balls & pesticides ☐

Now we hope that our home is poison-proof!

Sincerely yours,

_____
(Name of Child)

VOCABULARY LESSON

GRADE 2

Purpose:

To develop spelling and vocabulary lessons from words used or talked about in class.

Procedure:

Have children make up a story using the words (written or orally). Encourage students to use as many of these words as they can.*

pharmacy	hospital	dangerous
pharmacist	medicine	fatal
ambulance	drugs	medical
doctor	poison	cigarettes
nurse	dosage	tobacco
mother	poisonous	sprays
father	aspirin	moth balls
detergent	soap	sick
Mr. Yuk		

*Words can be added to list.

IN CASE OF EMERGENCY

GRADE 2

Purpose:

To teach children what to do in case of an emergency.

Procedure:

One way for the teacher to define an emergency is, "an emergency always exists when someone swallows poison." It is important to get them to a hospital immediately. The police or the rescue squad can get you to the hospital the fastest. This is why it is important for you and your mother and father to keep the police or rescue squad telephone number next to the phone. When you go home, check to see if these numbers are near the phone. (Teacher can supply these numbers to students.)

Police _____

Rescue Squad _____

If there is an emergency and you have to call these numbers, be sure you give your name and address to the person who answers the phone, so they will be able to find your house.

If there is an emergency, and you forget the number of the police or rescue squad, just dial 0 (for operator) and tell her there is an emergency and give her your name and address.

Role play a situation where a student is playing with a friend at a friend's house. The friend's parents are not home nor are the student's parents. The friend falls down the steps and is unconscious.

DRUGS: A PRIMARY FILM

An Archer Barr Productions
1029 North Allen Avenue
Pasadena, California 91100

This is an excellent film for primary level students to instill upon them the proper use of drugs and the dangers of misuse of common household products. It coincides with the materials found in Grades 2 - 3 in the DIP.

DRUGS: OK OR NOT OK?

GRADES 2-3

Purpose:

To stimulate students to consider for themselves when it is OK and NOT OK to take drugs.

Procedure:

In an open area with standing room for 5 to 8 students and preferably with a chalkboard in the near background, the teacher should mark off three areas side-by-side; one being the OK area; the middle being the IN BETWEEN area; and the other being the NOT OK area. These areas can be demarcated and labeled on the chalkboard if one is available.

The teacher then explains to students that a situation will be presented in which somebody used a drug. The students are asked to pretend that "somebody" is them personally, and they are to decide if it is OK, IN BETWEEN, or NOT OK for them to use the drug in that way. The teacher may give an example and react to that example. Teacher's situation: "You have a bad cough and your friend offers you a cough drop." Thinking that is NOT OK, the teacher would stand in the NOT OK area. The teacher should ask for another group of volunteers each time. The teacher should ask if anyone would like to share with the class why they placed themselves as they did. Having asked for 5 volunteers, the teacher presents one of the following situations:

SITUATIONS

(1) You have a headache. Your mother gives you one children's aspirin.

(2) You are home alone. You see a bottle of children's aspirin. You eat some because they taste good.

(3) You are in the bathroom alone. You see some pills on the shelf that sort of look like M & M's candy. You eat them.

(4) You have a bad cough. Your older brother/sister is baby-sitting with you and was told by your parents to give you your cough medicine while they were out. Your older brother/sister gives you one teaspoonful of cough medicine (nonprescription).

Drugs: OK OR NOT OK? (Continued):

(5) A friend at school has some medicine the doctor gave him/her for his/her stomachache. Your friend offers you some and you take it.

(6) You have a head cold and your nose is congested. You go to the medicine cabinet and take what looks like a cold capsule.

(7) You have a head cold and your nose is congested. You tell one of your parents and they give you one cold capsule. You take it.

(8) On your way home from school you find little pink things that look like candy. They are all wrapped up, and you decide they will be OK to eat. You eat them.

(9) You have a headache and you are by yourself. You know where the aspirin is because you have seen your mother and father take them. You can't read the label but you know what the aspirin bottle looks like. You get a pill from the bottle and swallow it.

(10) You have been sick. Your doctor has prescribed some medicine for you. You can't stand the taste of it, so you refuse to take it.

RANK ORDER

GRADE 3

Rank Order (See explanation in TAP - Values).

Rank Order:

Rank these items from the least dangerous for you to eat or drink to the most dangerous for you to eat or drink.

1 aspirin
1 spoonful of rat poison
1 stick of chewing gum

1 cup of orange juice
1 spoonful of cleaning powder
1 teaspoon of cough medicine

1 sleeping pill
3 cups of milk
3 cough drops

1 glass of Kool Aid
Prescription medicine taken as directed
Prescription medicine not taken as directed

1 bottle soda pop
1 bottle children's aspirin
1 bottle beer

These are just a few examples. Teachers are encouraged to make up their own Rank Order questions.

DOCTORS ARE OUR FRIENDS

GRADE 3

Purpose:

To help children understand that medicines are drugs that a doctor prescribes for people when they are sick.

Procedure:

A. Voting Questions (See explanation in TAP-Values).

1. How many of you have ever been sick and had to stay in bed?

2. How many of you visited the doctor's office when you were sick?

3. How many of you were told by the doctor that you needed some medicine to help you get well?

4. How many of you felt better after staying in bed for a few days and after taking the medicine your doctor prescribed for you?

5. How many of you are afraid to visit the doctor's office?

B. Doctors are our friends. Invite a doctor to come into the class. Maybe one of the student's father is a physician and would be willing to visit the class.

Doctor - is a person who is concerned with keeping us healthy.

Question - Is it important to sometimes visit a doctor's office when we feel healthy?

Answer - Yes, to maintain our good health (by getting shots and checkups).

Have the children prepare questions ahead of time that they'd like to ask the doctor when he visits the class. A doctor might talk about his work, his training, and how he contributes to the public's welfare.

LEARNING ABOUT THE PHARMACIST

GRADE 3

Purpose:

To familiarize children with the pharmacist and his job.

Drugs should only be bought in a drugstore from a pharmacist.

Medicines should only be prescribed by a doctor and given to you by a qualified adult.

Procedure:

Plan a visit to a drugstore and/or invite a pharmacist to come into class for a class interview. Suggest that the pharmacist bring along a prescription pad and a label stating KEEP OUT OF REACH OF CHILDREN. Have the class prepare questions to ask the pharmacist. Suggested questions are:

(1) Do you need to have special training in college to be a pharmacist?

(2) How do you prepare medicines?

(3) Why is it important to follow directions on labels of medicines?

(4) Why not take medicines prescribed for someone else?

(5) What are the dangers of not following directions when taking medicines?

(6) Why do some labels say "KEEP OUT OF REACH OF CHILDREN"?

(7) What does a prescription pad look like?

(8) What is it used for?

PRETENDING TO BE SICK (Or Being a Chicken)

GRADE 3

Purpose:

To show how some people pretend to be sick to avoid unpleasant situations.

Procedure:

Voting Questions:

1. How many of you have been so sick that you had to stay home from school?
2. How many of you like to be sick?
3. How many of you would rather stay in bed all day than come to school?
4. How many know someone who has pretended to be sick so he or she would not have to go to school?
5. How many think that this person who pretended to be sick did so to avoid an unpleasant situation?

Discuss:

What are the consequences of pretending to be sick when you are really not?

Consequences:

(a) The doctor might prescribe medicine for you when you really do not need it.

(b) You will have to face the situation when you are done pretending - the math test or the boring class or the big bully will still be there.

(c) Taking medicine when you really are not sick, could <u>really</u> make you sick.

(d) You might develop an immunity to the medicine. When you develop an immunity to medicine, it means that your body no longer responds to the medicine. Therefore, if you really do get sick, that particular medicine will not be able to help make you well.

DRUG TERMS DEFINED

GRADE 4

Purpose:

To help students understand basic drug terminology.

DRUG: Any substance which by its chemical nature changes the way a living organism functions or feels.

HARMFUL SUBSTANCE: Any substance that is not legally considered a drug but, if used in excess or incorrectly, could become abusive and, in some instances, even kill us. Some harmful substances include caffeine, nicotine, and volatile substances.

DRUG USE: Taking a drug for medical purposes and as directed or prescribed.

DRUG ABUSE: Taking a drug for other than medical purposes and/or other than as directed or prescribed.

Procedure:

Discuss the difference between drug use and drug abuse. The teacher should refer to the drug chart at the beginning of the book when talking about harmful substances.

FIRST AID MEASURES

GRADE 4

Purpose:

To alert students to some first aid measures that should be employed if someone swallows poison.

Procedure:

Distribute to each student a copy of "Antidote and First Aid for Poisoning". (See page 39) Discuss different emergency treatments used when poisonous substances are swallowed.

ANTIDOTE AND FIRST AID FOR POISONING

- An emergency **always** exists if someone swallows poison. **Do not delay contacting hospital or physician to obtain advice concerning first aid materials that are not readily available. If necessary, summon police or rescue squad for assistance.** Keep telephone numbers immediately available. Even after emergency measures have been taken, **always** consult physician. A delayed reaction could be fatal.
- It is important to dilute or remove poisons as soon as possible. Keep Syrup of Ipecac (available from most pharmacies or poison centers) in your home to induce vomiting if recommended by physician or indicated on product label. If Syrup of Ipecac is not available, try to make patient vomit by tickling back of throat with finger, spoon, or similar blunt object after giving water.

HOWEVER...

- Vomiting is **not** recommended in all cases. **Never induce vomiting in a patient who is unconscious or convulsing. Do not induce vomiting if swallowed substance is acidic or corrosive or petroleum distillate products.**
- If poison is from a container, take container with intact label to medical facility treating patient. If poisonous substance is a plant or other unlabeled substance, be prepared to identify suspected substance. Save evidence such as portions of ingested materials from vomitus which may help identify plant or object involved.

The following represent substances most frequently ingested by children, and first aid measures that may be employed **until** medical aid can be summoned.

Substance	Emergency treatment
MEDICINE (OVERDOSAGE)	
Aspirin and aspirin-containing medications Cough medicine Hormones (including thyroid preparations)	Give 2-3 glasses of water or milk, then induce vomiting UNLESS patient is unconscious or convulsing
Vitamins and iron tablets	Induce vomiting. Then give glass of milk.
Sleeping pills	Induce vomiting. Do **not** induce vomiting or force fluids if patient is unconscious.
Tranquilizers	Induce vomiting unless patient is unconscious. Give 2 tablespoons epsom salts in 2 glasses of water.
HOUSEHOLD CLEANING AND POLISHING AGENTS	
Laundry bleach Automatic dishwasher detergents Household cleaners Furniture polish Cleaning fluid (gasoline, kerosene) Charcoal fire starter	Give 2-3 glasses of milk or water immediately. Do **not** induce vomiting.
Toilet bowl and drain cleaners	Do **not** induce vomiting. Give 2-3 glasses of milk or water at once. **Avoid** gas-forming carbonates and bicarbonates.
Wax remover	Give milk or water. Do **not** induce vomiting.
Fabric softeners	Give milk. Neutralize with **weak** soap (not detergent) solution. Induce vomiting.
Household ammonia	Give citrus juice or diluted (1 tablespoon per glassful) vinegar. Then give 2 raw egg whites or 2 oz. olive oil. Do **not** induce vomiting.

Substance	Emergency treatment
INSECTICIDES, POISON SUBSTANCES, PAINTS (Read labels for content)	
Arsenic	Give glass of milk immediately and induce vomiting. Then give activated charcoal (available from pharmacist)
DDT	Induce vomiting. Give 2 tablespoons epsom salts in 2 glasses water.
Lye	Do **not** induce vomiting. Give solution of vinegar (2 tablespoons vinegar in 2 glasses water). Next give 2 raw egg whites or 2 oz. olive oil.
Paint (dry)	Give milk or water. Induce vomiting.
Paint (liquid)	Give 2-3 glasses of milk or water. Do **not** induce vomiting.
COSMETICS	
Cologne or perfume Hand lotion Liquid makeup Skin lotion After-shave lotion	Give milk. Induce vomiting if large amounts ingested.
Deodorant	Give milk of magnesia. Induce vomiting.
Bubble bath liquid Hair rinse (conditioners) Shampoo	Give milk or water at once. Induce vomiting.
Nail polish and removers Lacquers Bath oil	Give milk. Induce vomiting.
Home permanent neutralizer Permanent wave solution	Give milk or water. Induce vomiting. Then give weak acid such as lemonade, citrus juice, diluted vinegar.
PLANTS	
Any plant is a potential poison.	Induce vomiting if convulsions not imminent. Give artificial respiration if necessary.

KEEP CALM—DO NOT PANIC—CALL FOR HELP

Physician's Office Phone_____ **Physician's Home Phone**_____ **Pharmacy Phone**_____

LEARNING ABOUT MEDICINES

GRADE 4

Purpose:

To develop in students a healthy attitude towards the proper use of drugs.

Procedure:

The teacher should ask the class what kinds of medicines (drugs) they are familiar with; i.e., names of medicines they have taken when they were sick; or have seen in their medicine cabinet; or have heard mentioned.

By asking students to name various medicines, you will be able to limit the disucssion to the drugs with which they are familiar and thus avoid introducing them to new drugs and drug terms.

For discussion purposes, drugs can be broken down into the following categories:

Name of Medicine	Prescription/ Nonprescription	Uses	Dangers

Most medicines with which fourth grade students should be familiar are listed in the tables on the following pages.

SUBSTANCE	PRESCRIPTION/ NONPRESCRIPTION	USES	DANGERS
Aspirin	Nonprescription	Pain killer, fever reducer	- care with other drugs - stomach irritation - some people allergic to aspirin - overdoses possible (especially in children) - cover up more serious symptoms
Bufferin	Nonprescription	Pain killer, fever reducer	- less stomach upset - aspirin allergies - possible overdose - cover up more serious symptoms
Excedrin	Nonprescription	Pain killer, fever reducer	- aspirin allergies - possible overdose - possible kidney and liver problems (long term) - cover up more serious symptoms
Anacin	Nonprescription	Pain killer, fever reducer	- stomach upset - aspirin allergies - possible overdose - possible kidney and liver problems (long term) - cover up more serious symptoms
Ex-Lax	Nonprescription	laxative	- irritation to gastro-intestinal tract - possible dependence with long term use - should not be used when any abdominal problems exist - develop the "laxative habit"

SUBSTANCE	PRESCRIPTION/ NONPRESCRIPTION	USES	DANGERS
Milk of Magnesia	Nonprescription	laxative	- possible dependence with long term use - should not be used when any abdominal problems are present - develop the "laxative habit"
Pepto Bismol	Nonprescription	diarrhea stomach upset	- cover up more serious problems - e.g. ulcers or colitis
Vitamin Tablets	Nonprescription	supplement of vitamin shortage	- possible vitamin A & D overdose - (very rare) - use of vitamins in treating of more serious problems - "Fad" cures
Insulin	Nonprescription (however, must be regulated to give proper amount)	to control diabetic conditions	- must be properly regulated - must sterilize equipment
Penicillin	Prescription	kill bacteria-causing infections	- penicillin allergies - overuse (can cause penicillin restraint organisms) - must use proper type against organism - self medication (use of someone else's can cause symptoms listed above)

SUBSTANCE	PRESCRIPTION/ NONPRESCRIPTION	USES	DANGERS
Nosedrops	Most nonprescription. Few are prescription (more powerful)	- decongestant	- overuse (if used too long, drug can cause congestion
Cough Medicines with Codeine (give example) Cheracol Elixer terpin Hydrate, Codeine Cosanyl, Nonashistine Expt.	Nonprescription (those listed). Many available on prescription (more powerful)	- cough suppressant - most have ingredients to dry up sinus congestion, etc.	- drowsiness - constipation - codeine allergies - possible addiction or high (with large doses - tolerance builds up
Cough Medicine w/o Codeine (give example) Nyquil, Vicks 44, Romalar, etc.	Nonprescription (those listed). Many available on prescription (more powerful)	- cough suppressant - most have other (above ingredients	- drowsiness - high sugar content (diabetic) - cover up more serious symptoms
Cold Capsules (like Contac, Dristan)	Nonprescription	- relief of cold and hay fever symptoms - stops stuffy nose, head congestion - some also suppress cough, reduce fever - kills pain, etc.	- drowsiness - aspirin allergies (aspirin containing products) - overuse - possible more serious symptoms

SUBSTANCE	PRESCRIPTION/ NONPRESCRIPTION	USES	DANGERS
Decongestants	Most are non-prescription	- "unplug" stuffy head or chest	- some drowsiness
Throat Lozenges (Sucrets)	Nonprescription	- soothe irritated throat	- soothe, does not cure anything - mask more serious problems
Cough Drops (prescription and nonprescription	Nonprescription (few, if any, are prescription)	- soothe irritated throat - stop "tickle" - few have any "anti-cough" properties	- most contain high amounts of sugar (diabetic)
Nytol (sleeping tablets)	Nonprescription	- slight relaxant and calming to allow rest	- some stomach upset - drowsiness
Sleeping Pills	Most are prescription	- relaxant - hypnotic effect (puts people to sleep)	- overuse - overdose can be fatal - can cause confusion - care with other drugs - some habit forming - some addicting

SUBSTANCE	PRESCRIPTION/ NONPRESCRIPTION	USES	DANGERS
Tranquilizers	Most are prescription	- relaxant - controls "nervousness" - sedation	- overuse - depressants - drowsiness - overdoses can be fatal - care with other drugs - habit forming
Diet Pills	Most are prescription	- suppress appetite	- produces a high - many are very stimulating - habit forming - some are addicting

DRUG USE AND ABUSE

GRADE 4

Purpose:

To have children consider for themselves the uses and abuses of various drug-containing substances.

Procedure:

(1) List a number of drug-containing substances on the chalkboard. Such a list should include primarily those drugs with which students are familiar. One possible means of insuring this is to ask the students to name as many drugs as they can. The teacher can write the list on the chalkboard as students provide it. Another procedure is to list 10 to 15 drug-containing substances from among the following: Anacin, Bufferin, Excedrin, baby aspirin, cold capsules, decongestants, throat lozenges, cough drops, cough medicine, nosedrops, antihistamines, penicillin, insulin, laxatives, diet pills, sleeping pills, tranquilizers, glue, alcohol, and tobacco. (See tables on pages 41-45.)

(2) Ask students, (a) "What do you think is an example of the proper use of _____?" or "What do you feel is a proper use for _____?" (b) "What do you think is an example of the abuse of _____?" or "What do you feel is an abuse of _____?"

This procedure may be used for each drug-containing substance listed. In order to facilitate open discussion, each student's answer must be respected. If a student is put down by another student for his/her response, the teacher should explain that it is important to respect everyone. (Reference may be made to IALAC, TAP-Self Concept.)

MEDIA'S ADVERTISING OF DRUGS

GRADE 4

Purpose:

To play down the advertising of drugs by making students aware of the media's influence on them.

Procedure:

1. Ask students to cut out advertisements for durg-containing substances from magazines or newspapers. Then have students place them in a scrapbook or mount and display them. The teacher might ask each student to bring at least one advertisement to pass around the class. A reward, such as free time, might be used.

2. Ask students to jot down the number of advertisements for drug-containing substances which they hear in one day, or between specific hours on the radio or television.

DEMONSTRATING ADVERTISERS' CLAIMS

GRADE 4

Purpose:

To illustrate to students that you cannot always believe what you hear.

Procedure:

1. Ask students to listen to claims made by advertisers and then have them test out various ads to see if the claims made by advertisers are true. Ask students to report their findings or to demonstrate their findings to the class. The thickness of certain paper towels or the rate of flow of a catsup are examples of claims that might be tested.

DRUGS: OK OR NOT OK?

GRADES 4-6

Purpose:

To have students consider for themselves when it is OK or NOT OK to take drugs.

Procedure:

In an open area with standing room for 5 to 8 students, and preferably with a chalkboard in the near background, the teacher should mark off three areas side-by-side; one being the OK area; the middle being the IN BETWEEN area; and the other being the NOT OK area. These areas can be divided and labeled on the chalkboard if one is available.

The teacher then explains to students that a situation will be presented where somebody is using a drug. The students are asked to pretend that "somebody" is them personally, and they are to decide if it is OK, IN BETWEEN, or NOT OK, for them to use the drug in that way. The teacher may give an example and react to that example. Teacher's situation: "You have a bad cough and your friend offers you a cough drop." Thinking that is NOT OK, the teacher would stand in the NOT OK area. The teacher should ask for another group of volunteers each time. The teacher should ask if anyone would like to share why they placed themselves as they did. Having asked for five volunteers, the teacher presents one of the following situations:

SITUATIONS

(1) You have a head cold and your nose is congested. You go to the medicine cabinet and take one cold capsule.

(2) Most of the members of your family have suffered from a bad cold this past week. You think you will probably catch it too, so you take some cold capsules to keep from getting it.

(3) You have a pain in your stomach. A friend at school has some medicine the doctor prescribed for his/her stomach pain. Your friend offers you some and you take it.

(4) You like the taste of children's aspirin, so you eat a few like you are eating candy.

DRUGS: OK OR NOT OK (Continued):

(5) On your way home from school, you find some pills laying on the sidewalk. Your friends dare you to eat some of them. You say no because the pills may contain some powerful drug.

(6) A stranger offers to give you some pills. The stranger says these pills will make you feel "really good - out of this world!" You say, "No, thanks." and tell your parents about it.

(7) Your parents have a dinner party and serve wine. They pour a little wine in your glass. You drink it.

(8) Your parents are gone. You pour a large glass of wine and drink it.

(9) A high school student who lives in your neighborhood offers you some beer. You say, "No, thanks."

(10) A high school student who lives in your neighborhood offers you some beer. You drink just a little bit.

(11) A high school student who lives in your neighborhood offers you some beer. You drink a lot and ask for more.

(12) One of your friends started smoking cigarettes a few weeks ago. Your friend offers you a cigarette. You say, "No, thanks."

(13) One of your friends started smoking cigarettes a few weeks ago. Your friend offers you a cigarette. You try it but take only a few puffs.

(14) One of your friends started smoking cigarettes a few weeks ago. Your friend offers you a cigarette. You smoke it and ask for another one.

(15) One of your friends started smoking cigarettes a few weeks ago. You see your friend smoking and you tell your friend's parents about it.

(16) A high school student who lives in your neighborhood offers you some "grass". You say, "No, thanks."

(17) A high school student who lives in your neighborhood offers you some "grass". You smoke just a little bit.

(18) A high school student who lives in your neighborhood offers you some "grass". You smoke a lot and ask for more.

CLASSIFYING DRUGS

GRADE 5

Purpose:

To provide students with a means of classifying and understanding the effects of drugs.

Brainstorming:

Use brainstorming. Brainstorming is a well-known widely used problem-solving tool. It encourages participants to use their imaginations and be creative. It helps elicit numerous solutions to any given problem; i.e., What shall we name this product? What should I do in this situation? How can we overcome this obstacle?

Rules for Brainstorming:

1. No evaluation of any kind is allowed in a thinking-up session. If you judge and evaluate ideas as they are thought up, people tend to become more concerned with defending their ideas than with thinking up new and better ones. Evaluation must be ruled out.

2. Everyone is encouraged to think up as wild ideas as possible. It is easier to tame down a wild idea than to pep up a bland one. In fact, if wild ideas are not forthcoming in a brainstorming session, it is usually evidence that the individual participants are censoring their own ideas. They are thinking twice before they spout out an idea for fear that they may come up with a silly one and sound foolish.

3. Quantity is encouraged. Quantity eventually breeds quality. When a great number of ideas come pouring out in rapid succession, evaluation is generally ruled out. When people are free to give their imaginations wide range, good ideas result.

4. Everyone is encouraged to build upon or modify the ideas of others. Combining or modifying previously suggested ideas often leads to new ideas that are superior to those that sparked them.

Procedure:

The teacher asks students to name substances which contain drugs. The teacher or a volunteer student writes the names of these substances on the chalkboard so the entire class can

Classifying Drugs (Continued):

see the list as it develops. The accepting, nonjudgmental, encouraging atmosphere associated with brainstorming is particularly necessary during this exercise in light of the sensitive nature of an open, candid discussion on drugs. Since such an atmosphere is necessary for this exercise, the teacher might explain to the class that the main rule is that everyone is to avoid criticizing. The teacher, too, must be accepting and nonjudgmental. If one student suggests hashish and then another suggests marijuana, the second should be accepted rather than rejected as too similar. Grouping can be accomplished after the list is complete. In order to encourage student responses, the teacher might ask, "Are there any more? There must be more than that?" Or a hint, such as, "What about some things adults usually drink (or smoke)?"

When the students have listed as many drug-containing substances as possible, the teacher can then ask students to help categorize these drugs. Some possible categories include the following:

Medicines
Prescription and Nonprescription
Legal and Illegal
Stimulants
Depressants (tranquilizers, barbiturates, alcohol, and narcotics)
Hallucinogens
Psychological dependency
Physical dependency
Tolerance

*dangerous drugs
**use and abuse

*Students may be asked to name the two most dangerous drugs on the list and explain why they are dangerous. The teacher may provide information to help substantiate or refute students' ideas as to which drugs are most dangerous.

**Students may be asked whether each drug-containing substance has a healthy, constructive use, and, if so, what its uses are. Similarly, students might be asked what they would consider abuse of each drug-containing substance on the list.

Teachers can refer to the drug chart and General Drug Information found at the beginning of the DIP and the medicine chart on pages 41-45. The drugs can be broken down as illustrated on the above mentioned charts.

RESEARCH FINDINGS ON DRUGS

GRADE 5

Purpose:

To help students become aware of research conducted on certain drugs so that they can assess the risks of drug taking for themselves.

Procedures:

Have students bring in experimental data or research reported on certain drugs and keep the information on file. This helps students see for themselves the inconsistencies reported about drugs (one being marijuana). Discuss the findings. It is important to include favorable and unfavorable findings. When questions come up concerning marijuana, it is important to emphasize that little is known about its long term effects. It is also illegal and anyone who chooses to use it, must be willing to accept the possible consequences; i.e., one being criminal prosecution in many states.

Discuss what this could mean in terms of planning for the future.

PROMOTIONAL TECHNIQUES USED BY ADVERTISERS

GRADE 6

Purpose:

To show the influence that advertising has on the American public.

Procedure:

The teacher can either ask students to bring to class advertisements for drug-containing substances from magazines and newspapers or the teacher can distribute various advertisements to the class. The teacher should provide students with a copy of the "Promotional Techniques Used by Advertisers" found on the following page. Ask students to analyze the ads according to the type of promotional technique used.

PROMOTIONAL TECHNIQUES

USED BY ADVERTISERS

Bandwagon -	"Everybody's doing it" or "It's common knowledge that we are best."
Testimonial -	"Edward G. Robinson drinks our coffee." Famous person advertising product.
Plain Folks -	"Howdy neighbors. Welcome to our program this morning" or "You people are like the friendly folks in my town." Compare 'em.
Snob Appeal -	"Original creations by Madame L. Exclusive." Picture reminds you of elite society.
Name Calling -	"Red", "Reactionary", "Beatnik", "Rebel".
Glittering Generalities -	"Absolute honesty", "Right to work", "American way", "The Democratic way".
Transfer -	Using a picture of a mother and child to transfer our feeling of love to whatever a poster is advertising. Or using a picture of a flag to lend patriotism to whatever a poster is advertising.
Slanted Words or Phrases -	"Tested in the laboratory" or "Scientifically proven".
Card-Stacking -	Using half truths which cannot be denied - or whole truths which have no point in the discussion: distorting or twisting facts selective omissions - half truths imcomplete quotation.

STIMULANTS, PSYCHEDELICS, AND DEPRESSANTS

GRADE 6

Purpose:

To increase students' awareness of the facts concerning stimulants, psychedelics, and depressants.

Procedure:

Use chart at beginning of the DIP. Display this chart where all students may read it. You may wish to have students prepare a minimum of two questions based upon this chart which they would like answered. Similarly, students may be asked to list two interesting facts which they have learned by reading this chart.

The teacher may raise the question of alternatives to achieving that which stimulants, psychedelics, and depressants offer. For example, how else can people relax?

"WHO SHOULD I ASK?"

GRADE 6

Purpose:

To enable students to reveal if they so choose, those persons whom they would seek to answer their questions concerning drugs.

Procedure:

The teacher can do the "Who Should I Ask? exercise several ways. A list of names of people or agencies that a person may contact to seek answers to drug questions can either be distributed to each student or written on the board. It may be necessary for the teacher to explain to students the role of some of the agencies or people mentioned.

"WHO SHOULD I ASK?"

Name of person or agency	Yes	No	Why?	Why not?
Hot Line (Crisis Intervention)				
Nurse				
Doctor				
Pharmacist				
Teacher				
School Counselor				
Drug User				
Pusher				
Mother or Father				
Older brother or sister				
Friend				
College student				
Drug researcher				

"Who Should I Ask?" (Continued):

"WHO SHOULD I ASK?"

Name of person or agency*	Yes	No	Why?	Why not?
District Attorney				
Minister, priest, or rabbi				
Policeman				
Judge				
Neighbor				
Stranger				

*Teachers can add to this list.

This exercise can also be made into rank order questions. (See TAP Values.)

Examples follow:

(1) Who would you rather talk with about your own drug problem?

Parent
Ex-addict
Friend

(2) Who would you rather talk to about your friend who has a drug problem?

Teacher
Minister, priest, or rabbi
The friend's mother

(3) Who would you trust to give you truthful information about drugs?

Drug user
Policeman
Hot Line or Crisis Intervention

(4) Who would probably know the laws concerning marijuana?

Doctor
District Attorney
School Counselor

"Who Should I Ask?" (Continued):

(5) Who is probably best trained to help people solve their personal problems so they can get off drugs?

Doctor
District Attorney
School Counselor

(6) Who probably knows most about what a certain drug does to the human body?

Doctor
District Attorney
School Counselor
Ex-Drug User

BRAINSTORMING

GRADE 6

Purpose:

To facilitate students' examination of the reasons people use drugs.

Procedure:

By using brainstorming (as explained on page 51 of this package), raise any one of the following questions to the class. Only raise one question per class discussion.

Raise any one of the following questions to the class:

1. Why do people take drugs?
2. Why do people drink (alcoholic beverages)?
3. Why do junior high school students take drugs?
4. Why do junior high school students drink?
5. Why do junior high school students smoke cigarettes?
6. Why do junior high school students smoke marijuana?

When students have exhausted their supply of reasons, the teacher can ask students to point out one reason; state whether it is a good or a bad reason and why. The teacher can then ask if anyone disagrees with the classification of a specific reason as being good or bad. If so, a discussion can follow, and finally the entire class can vote that reason as good or bad. The good reasons can be circled and the bad reasons crossed out. When the class has examined the entire list of reasons, the teacher can count the good reasons and the bad reasons and put the "final score" on the blackboard. Almost invariably, the bad reasons win by an overwhelming score, such as BAD REASONS 14, GOOD REASONS 2. In closing, the teacher can ask for students' comments on this exercise and what they learned from it.

CIGARETTE SMOKING

GRADE 6

Purpose:

To stimulate classroom discussion of cigarette smoking.

Procedure:

Teacher asks the class the following voting questions (see TAP Values).

(1) How many of your parents smoke cigarettes?

(2) How many of you admire an adult that smokes cigarettes?

(3) How many of you would never want to smoke cigarettes?

(4) How many of you believe that smoking could be damaging to your health?

(5) How many of you think smoking cigarettes makes you more grown up?

The teacher should ask the class to give the Pros and Cons of smoking. Have someone from the class list them on the blackboard.

The teacher may raise the question of alternatives to achieving that which cigarette smoking offers. For example, how else can people relax?

PROBLEMS ACCOMPANYING ALCOHOLISM

GRADE 6

Alcoholics Anonymous

Purpose:

To familiarize students with the problems accompanying alcoholism.

Procedure:

Invite a representative of Alcoholics Anonymous to speak to the class concerning the problems they have had, which have gone along with alcoholism. Allow students to ask the guest speaker questions.

Al-Anon and/or Al-A-Teen Programs

Purpose:

To familiarize students with Al-Anon and Al-A-Teen programs.

Procedure:

Invite a representative of either or both of these groups to speak to your class concerning these programs; the problems of the alcoholic; and the problems of those closely related to the alcoholic. Allow students to ask the guest speaker questions.

BIBLIOGRAPHY

Bureau of Narcotics and Dangerous Drugs. Katy's Coloring Book About Drugs and Health. Washington, D.C.: United Stated Government Printing Office, 1970.

Drug Abuse. Prepared under direction of the Smith Kline and French Clinical Staff. Philadelphia, Pennsylvania: Smith Kline and French Laboratories, 1968.

Hines, Max. CESA #8 In-Service Leader.

Kearney, Artie Linda (Ph.D.). CESA #8 Project Director.

Lembacher, Walter J. (Ph.D.). I'm Not Alone. Dayton, Ohio: George A. Pflaum, 1970.

Marr, John S. (M.D.). The Good Drug and the Bad Drug. New York: M. Evans and Company, Inc., 1970.

New York State Drug Abuse Control Commission. Kool Kat-Rapping With You On Drugs. Albany, New York: Pax Productions, Inc.

Simon, Sidney B., Leland W. Howe, and Howard Kirschenbaum. Values Clarification - A Handbook of Practical Strategies for Teachers and Students. New York: Hart Publishing Co. Inc., 1972.

United States Department of Health, Education, and Welfare. Teaching Poison Prevention in Kindergartens and Primary Grades. Washington, D.C.: Public Health Service Publication No. 1381, 1965.

Wrenn, C. Gilbert and Shirley Schwarzrock. Facts and Fantasies About Drugs. Circle Pines, Minnesota: American Guidance Service, Inc., 1970.